

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER 1ST
AMENDMENT

AFTER 2ND
AMENDMENT

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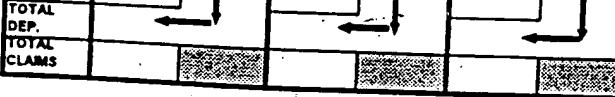
TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS



TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

